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**Aging Americans and a Changing Mind: Alzheimer vs. Law
Enforcement**

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**By
Fred Wesselski**

**Bay City Police Department
Bay City, Texas
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ABSTRACT

American senior citizens are the fastest-growing population in the United States. (Bureau of Labor Statistics, 2015). With the increase of the senior citizen populace, there are challenges not only facing the aging populace but also American law enforcement agencies. The challenges will come from the increase of Alzheimer's disease and the increase in calls for service to law enforcement to assist the patients with Alzheimer's disease. The major obstacles in dealing with this disease are twofold. The first obstacle is the increase of new patients with Alzheimer's, which is estimated to be 500,000 new cases each year ("Sources for Alzheimer's Disease", 2017). The second obstacle is the lack of training and experience of law enforcement officers having to understand and deal with Alzheimer's patients. Law enforcement agencies should be preparing for this disease by providing the proper training.

The Texas Commission on Law Enforcement (TCOLE) and elected officials at the state level should be working together to mandate training regarding Alzheimer's disease and mental health for law enforcement officers. The local elected official and Alzheimer's caregivers must coordinate with the local law enforcement agency to help identify the patients and make known the needs of the patient. Without proper training and information, the Alzheimer's patient and officers are at risk of harm or death.

TABLE OF CONTENTS

	Page
Abstract	
Introduction	1
Position	2
Counter Position	7
Recommendation	10
References	15

INTRODUCTION

Law enforcement officers of city, county, state, and federal agencies are sworn to protect lives and property. The duties of law enforcement officers are to respond to emergency and nonemergency calls for service, conduct traffic stops, and issue written warnings or citations. They are required to respond to burglaries, thefts, traffic accidents, make misdemeanor and felony arrests, secure crime scenes, patrol an assigned area, write detailed reports, testify in court, and assist with first responders on medical emergency (Americans with Disabilities Act, 1990).

One aspect of law enforcement most often overlooked are the calls of service for the populace with mental illness, mental retardation, or a disease known as Alzheimer's. These people often need law enforcement services, and the service provided by law enforcement is not adequate due to lack of training provided to law enforcement or the lack of concern by law enforcement. Law enforcement administrator must provide the proper training to handle patients with mental illness and law enforcement officers must be receptive of the training provided. Mental illness is a problem facing law enforcement.

There is a condition that destroys the brain cells slowly, and it is known as dementia. It progressively declines mental function. The most common form of dementia is Alzheimer's disease, which, over time, will destroy the patient's memory and the ability to learn, reason, interact in conversation, and complete daily activities. As the disease worsens, the patient will experience changes in personality and have mood swings and behavioral problems. The patient may experience anxiety, agitation,

and be suspicious of caregivers and others. The patient may also suffer from delusions and hallucinations (Alzheimer's Association, 2006).

The local news, radio stations, or traffic advisory signs will broadcast alerts about a missing senior citizen, which is known as a Silver Alert. Sometimes the senior citizen may have wandered off or is missing while traveling in an automobile or other means of travel. Sometimes the senior citizen is located unharmed, but the sad truth of the matter is that the missing senior citizen may be found deceased or, in some cases, never found at all. The facts show that the American populace is living a longer and healthier life, but the mind of some of the older populace is changing. The older generation is facing the challenges of a devastating disease known as Alzheimer. Law enforcement agencies should be preparing for growth in the reported cases of Alzheimer's patients.

POSITION

Due to the growing number of adults being diagnosed with dementia disease, law enforcement throughout the United States must respond to and handle Alzheimer's patients in various circumstances due to the illness (Botek, n.d.). Law enforcement agencies should be preparing for the increased cases of Alzheimer's patients. Law enforcement officers should be receiving training and preparing to be able to respond to calls for service and take the proper actions to safeguard not only the Alzheimer's patient, but also their caregivers and the public. Officers must know and understand the signs of Alzheimer's affecting a person demeanor and or character. Officers may be called upon to deal with an Alzheimer's patient who has wandered away from home or is driving a motor vehicle. Officers may investigate cases in which the patient may be

the victim of a crime or a suspect in a crime. Officers need to ask the proper questions and conduct the proper interviews. Law enforcement officers need to know that an Alzheimer's patients will not understand what is occurring to them at the time of interview.

Protecting these citizens, as well as those who suffer from other forms of dementia and the elderly whose physical disabilities make them vulnerable is a growing challenge for law enforcement ("A booming problem", 2015). In the 2010 United States census, it was revealed that the American population had 40.3 million persons aged 65 years of age or older; this is an estimated 13% of the population. By the year 2050, this number will double to more than 89 million. For the first time in American history, the number of people over 65 and older are becoming an increasingly larger portion of the population than the younger generation (United States Bureau of the Census, 2011). This illness should be a wake-up call for law enforcement agencies. The United States Census has clearly indicated that the numbers prove that population of America at 65 years of age and older is already here.

Center of Public Safety and Justice (2015) stated that never in American history has our population included so many people 65 years of age or older. Right now, it is estimated that there are as many as 5 million Americans aged 65 years old and over who are suffering from Alzheimer's, and there are an estimated 500,000 new cases each year. By the year 2050, there will be an estimated 16 million Americans developing Alzheimer's. As the nation's population continues to age, law enforcement and public officials will be seeing increasing cases of Alzheimer patients, and there will be a greater chance of law enforcement interaction with Alzheimer's patients (Center of

Public Safety and Justice, 2015). Police administrators in law enforcement agencies deal with managing the department and application of policies and procedures. The administrators must be able to understand the workings of the department and the needs of the community they serve (Cordner & Scarborough, 2010). The police administrator directs policy, creates policy, makes changes in policy, and is concerned with the budget of the agency. They are also responsible for knowing the population of the city sworn to serve and protect. Leadership that enhances ethical behavior focuses on two points: administration and policy. Leaders must be role model for loyalty, integrity, courage, and competence (Baker, 2010).

There seems to be a deliberate indifference dilemma about the mental health issue which also include the Alzheimer's patients. It should be the law enforcement agency administrators' responsibility and duty to adopt policy and guidelines for dealing with an Alzheimer's patient. Law enforcement officials should review department policies on handling people with Alzheimer's, those who have cognitive disabilities or mental illnesses. Law enforcement must take the necessary steps to establish a plan to protect them. If an Alzheimer's policy is not part of the agency's policies, then one should be adapted or added.

There are certain rights afforded to people with mental disabilities, including Alzheimer's patient. Based on the American with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, an individual with a disability is defined as a person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. The American with Disabilities, Title II, applies to state and local

government entities while Section 504 refers to recipients of federal assistance. Under the American with Disabilities, Title II, the following government entities are named under this umbrella: courts, town meetings, police and fire departments, motor vehicle licensing, and employment.

American with Disabilities, Title II and Section 504 require that first responders provide victims of crime with disabilities an equal opportunity to benefit from the services of the law enforcement. Law enforcement administrators should be providing policies or changing policies and procedures where needed to accommodate crime victims with disabilities (Bureau of Labor Statistics, 2015). The populace of the United States is growing older, and the cases of Alzheimer's is rising each year. There must be a need for law enforcement policies to be in place and training provided to law enforcement officers to handle the increasing cases of encounters with Alzheimer's patients.

Alzheimer's patients create a problem for law enforcement in many ways. Law enforcement officers and administrators must be trained to handle the many different difficulties associated with Alzheimer's patients. The problems could include missing or wandering patients, the operation of a motor vehicle, a victim of a crime, or a suspect in a crime. Each event presents a problem and requires patience and the right attitude and training by officers investigating the Alzheimer's patient.

One of the greatest concerns for law enforcement officers is the Alzheimer's patient known as a "wanderer". It is estimated that 70% of Alzheimer's patients will become a "wanderer" and become lost (Harvey, 2005). The triggers for causing an Alzheimer's patient to become a "wanderer" could be caused by confusion related to

time, noise, stress, concerns about a former job, friends or family or a recent move or change in routine. If not found within 24-hours, half of the Alzheimer's patients risk serious injury or death (Harvey, 2005).

Another safety risk for Alzheimer's patients and public safety is when the patient operates a motor vehicle. Alzheimer's disease is different than other changes experienced in life. The elderly driver without Alzheimer's disease may experience poor eyesight and time reaction will be slower. Most can make an adjustment in their driving habits and drive for a longer time. The Alzheimer's patient is different. From the diagnoses of the disease, the patient can and may continue to operate a vehicle for a length of time after being diagnosed. But the problem with Alzheimer's disease and driving is the slow progression of the disease. Alzheimer's affects cognitive functions critical to driving. All Alzheimer's drivers will lose the ability to drive, therefore, they will become a danger to themselves and others. Once the disease progresses in the Alzheimer's patients, the patient will have problems with judgment, multi-tasking, slowed reaction time, impaired spatial skills, and other cognitive deficits. The Alzheimer's patient will not know or understand that their driving abilities have diminished and they are at risk of overestimating their driving abilities ("Understanding Dementia and Driving", n.d.).

Everyone can be a victim of a crime, but people with a disability are more vulnerable to being a victim of a crime than the others in society. Law enforcement officers are usually the first responders (National Sheriffs' Association, 2002). The law enforcement officers are in a unique situation. The circumstances of a call for services dictates when and how the officers should conduct their investigation. The officer may

not be familiar with the person living with Alzheimer's disease. The officers should watch carefully for any signs of mental distress or disabilities. The officer should ask the victim or the Alzheimer's patient's caregiver if there are any special needs due to the illness. An officer should remember a person with the disease must never assume the victim is any less emotionally traumatized or suffering from a psychological injury. The officer should be sure the victim is in a safe environment before leaving (National Sheriffs' Association, 2002).

The last topic to cover is Alzheimer's patients committing crimes. Most criminal acts committed by Alzheimer's patients are unconscious petty crimes, such as theft and trespassing. The officer should be aware this may be the first sign of decline in the Alzheimer's patient. Theft, traffic violations, trespassing, and inappropriate sexual advances were among the most frequent incidents in patients' medical records (Norton, 2015).

COUNTER POSITION

HIPAA is an acronym for the Health Insurance Portability and Accountability Act passed by United State Congress in 1996. HIPAA is the greatest set of comprehensive legislative laws enacted. Healthcare providers across the nation faced new challenges with HIPAA. There are legitimate problems with the HIPAA law for mental health patients, their caretakers and the availability of information being provided to assist law enforcement in investigations. The potential inability to share information can be life threatening. There are exceptions for law enforcement access and disclosures for which an authorization or opportunity to agree or object is not required. Law

enforcement must understand HIPAA when confronted with the denial of information based on the HIPAA laws.

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights recently released a report on HIPAA and Public Health Information (PHI) for informing law enforcement how information can be obtained. HIPAA allows disclosures to law enforcement in the following cases: 45 CFR 164.512(6), locate and identify – 45 CFR 164.512 (f) (2), court order or subpoena – 45 CFR 164.512 (f) (1) (ii) (a) and grand jury subpoena – 45CFR 164.512 (f) (1) (ii) (b). The after mentioned information will be helpful in investigations of criminal acts against people living with Alzheimer's. Providing the information will prevent or lessen a serious or imminent threat to the health and safety of an individual or the public (Stanger, Holland, & Hart, 2013)

Medical information can be obtained with court orders, grand jury subpoenas, summons, or other administrative requests from law enforcement. The above mention documents are a written application outlining that the information is necessary to the law enforcement interest and that it is relevant to the patient's wellbeing. Law enforcement can also request permission to obtain the patient's personal health information (Fitzgerald, 2015). There is HIPAA legislation in place to safeguard and protect the mentally ill including Alzheimer's patients. Law enforcement, administrators, and health providers should work together to develop policies and procedures in their community to serve the patient.

Due to the recent shooting deaths associated with law enforcement, local community activities and elected officials are calling for more police training. But the truth of the matter is that most states mandate training already. Today's law

enforcement agencies are required to provide ongoing training for their officers. For society to function, (Hawkes, n.d.) stated, "Police officers must be trained extensively in federal and state law, evidence handling, prisoner transport, handcuffing, defensive tactics, firearms, driving, customer service and many other areas of law enforcement" (para. 2). Today's law enforcement agencies are required to provide continuance training to their officers. Stated by Pfeiffer (2012), only minimum training is mandated in critical training areas. This minimum training will keep officers certified in their states.

The state regulatory agency for the State of Texas is the Texas Commission on Law Enforcement (TCOLE). TCOLE is the governing body of all peace officers in the State of Texas. The current mandatory training cycle is a 24-month period. TCOLE requires 40 hours of training during this 24-month period. There is no required training mandated during this time for mental health training (TCOLE, n.d.). In Texas and across the United States, the training for law enforcement dealing with Alzheimer's disease and other mental illness is inadequate. Law makers must mandate the required training.

According to Botek (n.d.) she states that a bill requiring law enforcement officers to undergo regular training on how to properly handle the behaviors of people with Alzheimer's disease has been signed into law by Indiana state governor, Mike Pence. The mandate comes nearly one year after an Indiana police officer used his taser multiple times to subdue a local nursing home resident who suffered from Alzheimer's disease.

This education is vital because, as any caregiver can attest to, it can be difficult to know how to control Alzheimer's disease behavior issues. Indiana is not the only

state to recognize the need to educate professional first responders on the proper ways to approach and handle a person who has Alzheimer's disease. While there is currently no nationwide regulation that requires law enforcement officers to undergo Alzheimer's training, several states are well on their way towards passing mandates that mirror Indiana's. These initiatives reflect the nationwide recognition that Alzheimer's disease is an issue that is not going to go away in the coming years—it's only going to get bigger. Due to the growing number of adults being diagnosed with dementia, law enforcement officers are increasingly likely to encounter people with Alzheimer's in various states of distress (i.e. those who have wandered away from home, or have become lost while driving). Teaching these first responders the right way to calm and assist disoriented individuals could go a long way towards avoiding future incidents of unnecessary use of force.

RECOMMENDATION

Alzheimer's disease is a devastating disease that will affect the American population aged 65 or older. The disease now has affected an estimated 5.3 million people in America. By the year 2050, the number of Alzheimer cases will increase to an estimated 13.8 million and possibly as high as 16 million (“Sources for Alzheimer’s Disease, 2017). The ever-increasing numbers of Alzheimer's patients will place a burden on law enforcement agencies and officers and law enforcement administrators will need to circumvent this growing problem. Law enforcement executives must commit a budget to finance officer training to ensure the safety of the Alzheimer's patients, the Alzheimer's patient's caregiver, law enforcement personnel, and the public. Law enforcement administrators can also be held liable for failure to train their officers.

Law enforcement officers must not be indifferent to the Alzheimer's training and understand the risks and dangers of dealing with Alzheimer's patients.

Law enforcement administrators must adopt a policy or add new guidelines to existing policy to cover the care of mental health or Alzheimer's patients. There are certain rights afforded to people with mental disabilities, including Alzheimer's patients. Based on the American with Disabilities Act of 1990 (42 U.S.C. §§ 12101 et seq) and Section 504 of the Rehabilitation Act of 1973(29 U.S.C.§ 701et seq), an individual with a disability is defined as a person having a having a physical or mental impairment. As part of the definition, the disability should substantially limit one or more major life activities, a record of such impairment should be available, or they should be regarded as having impairment. The American with Disabilities (42 U.S.C. §§ 12101 et seq) applies to state and local government entities while Section 504 refers to recipients of federal assistance. Under the American with Disabilities (42 U.S.C. §§ 12101 et seq), the following government entities are named under this umbrella: courts, town meetings, police, and fire department, motor vehicle licensing, and employment. The American with Disabilities (42 U.S.C. §§ 12101 et seq) requires, with few exceptions, that law enforcement make a reasonable modification to policies, practices, and procedures where needed to accommodate crime victims who have disabilities (National Sheriffs' Association 2002).

The challenges of the Alzheimer's patient are complex and problematic for law enforcement officers. The four areas of concern to law enforcement are: the wandering or missing patient, the patient as a victim of a crime, the patient as a suspect in a crime, and the patient's operation of a motor vehicle. Another area of concern is how the

HIPAA laws are applied to the Alzheimer's patient and the information available to law enforcement for their investigations. Hospital administrators, health providers, and doctors can misinterpret the HIPAA laws, making information available to law enforcement difficult.

HIPAA regulations provide rules governing the collection of patient information by law enforcement officer (Stanger, Holland, & Hart, 2013). Medical information can also be obtained with court orders, grand jury subpoenas, summons, or other administrative requests from law enforcement. This application is usually a written request outlining ways the information is important to the law enforcement interest and that it is relevant to the case. Law enforcement can also request permission to obtain the patient personal health information.

Training is a concern when it comes to Alzheimer's patients. Most state law enforcement regulatory agencies require minimum training. The Texas regulatory agency, TCOLE, requires 40 hours of training in a 24-month period (Texas Commission on Law Enforcement [TCOLE], n.d.). No mental health training is required in this 40 hours of training at this current time. Training should be developed and implemented by TCOLE towards Alzheimer's and mental health training. Several states have taken steps to increase Alzheimer's training due to problems associated with police intervention with Alzheimer's patients.

In the state of Texas, TCOLE should take the lead in mandating annual mental health and Alzheimer's training. City councils and county commissioners need to provide the funds for law enforcement training. Law enforcement administrators should adopt policy and provide the training needed. Law enforcement can include information

to Alzheimer's patient's caregivers and provide training on the program known as "Safe Return" (Alzheimer's Association, 2006). The program is sponsored by the Alzheimer's Association and is a 24-hour public identification, support, and enrollment program. The program works with law enforcement to identify and return a lost Alzheimer's patient (Alzheimer's Association, 2006).

Law enforcement agencies can also get the community involved in providing help for people with Alzheimer's. Programs and training can be provided to create a community or senior liaison committee to get input from the community, there can be a creation of a partnership with local health care centers to provide an emergency plan, and volunteers can help with issues involving Alzheimer's issues. A law enforcement web page should be established to provide information to the public about Alzheimer's awareness (Center of Public Safety and Justice, 2015).

The sadness of this disease is that it is always fatal and there is no cure. By 2050, there will be 13.8 million people, two thirds of which will be women, with this disease. The numbers are that 1 in 9 Americans will have this disease (Alzheimer's Association, 2014). Law enforcement and government entities must be preparing now.

TCOLE should team with National Alliance on Mental Illness (NAMI) to provide a crisis intervention training program for law enforcement. The appropriate training is needed by law enforcement officers and administrators because "without the appropriate amount of mental health training for police, experts say, rash stigmatization and misinterpretation of the intentions of the mentally ill can cause vital errors and ultimately make the difference between life and death" (Pauly, 2013, para. 2). There

are 45 states which have crisis intervention training provided by NAMI (Pauly, 2013). The great state of Texas is included in the NAMI crisis intervention training.

Now is the time for police administrators, city councils, city managers, county commissioners, and other elected official to get on board to fund and provide law enforcement officers with the much-needed mental health training. Law enforcement officers respond to calls for service every day and depending on the information provided in different research articles, 7% to 15% of the calls for service will deal with mental health issues (Woody, 2003). Alzheimer's will continue to grow and now is the time for police administrators, city councils, city managers, county commissioners and other elected official to act and be preparing to deal with the increase of the aging population. Training must be provided to law enforcement officers to protect and care for the elderly population of the United States with Alzheimer's and mental health issues.

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